	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 5																
l				<u> </u>		Critical Violations						_	Date	4/3	0/2019	<u>)</u>	
		shment Na CUPCAKEI		AS AUTHORIZED BY LE MINOR & LAGO	Non-Critical Violations Certified Food Protection Manager				1 Y	Time In Time Ou		20 AM 50 AM					
License Expiry Date/EST. ID# Address							<u> </u>					Telepho		<u> </u>	=		
9/9/2019 / 177 56 SABATTUS ST						LEWISTON			N		04240-682	27	•	 '6-4911			
License Type Owner Name						Purpose of Inspection				License Posted Risk Category				y	_		
MUN - EATING PLACE OPPORTUNITY ENTERPRIS							egul	lar			Yes	;					
							RS AND PUBLIC HEALTH INTERVENTIONS										
	_	N											-1/ D				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark"X" in appropriate box for COS and/or R IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation												n					
_													_				
Compliance Status Cos R Supervision									Potentially Hazardous Food Time/Temperature								
1 IN PIC present, demonstrates knowledge, and				16 IN Proper cooking time & temperatures													
			performs duties Employee Health				17	_	IN	· · · · · · · · · · · · · · · · · · ·						_	
2		IN	Management awareness; policy present			П	18 19		IN IN	Proper cooling time & temperatures Proper hot holding temperatures						_	
3		IN		, restriction & exclusion	\perp	Ц	20	_	IN	Proper cold holding temperatures						-	
4		IN		jienic Practices drinking, or tobacco use	_	Н	21		IN	Proper date marking & disposition						_	
5		IN	No discharge from eyes			ㅂ	22		IN	Time as a public health control: procedures & record							
				mination by Hands				Consumer Advisory									
6		IN	Hands clean & properly	•	+	Н	Consumer advisory provided for raw or										
7		No bare hand contact with RTE foods or approved alternate method properly followed				undercooked loods											
8		IN		g facilities supplied & accessible	+	H	24		IN		ighly Susceptible Populations steurized foods used; prohibited foods not					_	
			Approved Source				24	offered							_		
9		IN	Food obtained from app	proved source		П	05	1			Chemical						
10		IN	Food received at prope	r temperature			25 26		IN	Food additives					++	_	
11		IN	Food in good condition			Ц	29		IN	Toxic substance Conformance with				a & usea			
12		IN	Required records available: shellstock tags parasite destruction							Compliance with				2000	$\overline{}$	-	
			<u> </u>	om Contamination	_		27		IN	& HACCP plan	ui variance, s	peciai	izeu pi ot	,633,			
13		IN	Food separated & prote		Т	П	Т	Di-	l. Fastana	are improper prac	-Ai	d		4h 4			
14	OUT Food-contact surfaces: cleaned and sanitized				Х	П			k Factors		•						
15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food																	
			reconditioned, & unsaid		 DET <i>(</i>			OT	1050								
			Good Retail Practices are	GOOD I preventative measures to control the						lls, and physical obje	cts into foods						
Ma	rk ")	(" in hox if n	umbered item is not in com				-			OS=corrected on-site		tion	R=renea	t violation			
	,,,,,	C III DOX II II		phanes want x mappingmatt	cos	т т	T	10, 01		00-001100100 011 0110	o daring inopod		п-горос	it violation	cos	R	
			Safe Food and	Water						Proper Hs	e of Utensils				1	_	
28	IN	Pasteurize	d eggs used where requ		$\overline{}$		41 IN In-use utensils: properly stored							П			
29	IN		e from approved source		\top	П	42	-		equipment, & line		tored,	dried, &	handled	11	_	
30	IN	Variance obtained for specialized processing methods					43										
Food Temperature Control							44 IN Gloves used properly							$\perp \perp$	_		
31	IN	•	oling methods used; ade	quate equipment for			Utensils, Equipment and Vending										
32	temperature control			+	Н	45	45 IN Food & non-food contact surfaces cleanable, properly designed, constructed, & used										
33	IN		thawing methods used	notating	+	Н	46	IN				ined 8	rised: te	st strins	++	_	
34			eters provided and accur	rate	+	Н	46 IN Warewashing facilities: installed, maintained, & used; test strips 47 IN Non-food contact surfaces clean						+	_			
			Food Identification							Physic	al Facilities						
35 IN Food properly labeled; original container								48 N Hot & cold water available; adequate pressure									
	Prevention of Food Contamination						49 IN Plumbing installed; proper backflow devices						$+ \mathbb{I}$	_			
36	· · · · · · · · · · · · · · · · · · ·					Ш	50 IN Sewage & waste water properly disposed						++	_			
37 N Contamination prevented during food preparation, storage & display						Н	51 IN Toilet facilities: properly constructed, supplied, & cleaned						++	_			
38 N Personal cleanliness 39 N Wiping cloths: properly used & stored								52 N Garbage & refuse properly disposed; facilities maintained 53 X Physical facilities installed, maintained, & clean						++	Х		
40	-		uits & vegetables	iou	+	Н	54	-		e ventilation & ligh					++	<u>^</u>	
Ť			^	d. CH N.	k			111		_ ,						_	
Por	son	in Charge (Signature)	unballe Hma	Nd(7	#	R		Date:	4/30/2	019				
		nspector (S	Signature)	de Settle Ama	/				_				-			-	
			//	1) an Mul	2_		_		Follo	w-up: YES	√ NO Da	ate of F	ollow-up	:			
<u> </u>	LOUIS LACHANCE Follow-up: YES NO Date of Follow-up:																

	State of	Maine	Health Inspect	ion Repo	ort	Page 2 of 5
Establishment Name THE CUPCAKERY			As Authorized b	Date 4/30/2019		
License Expiry Date/EST. ID# Address 9/9/2019 / 177 56 SABATTUS S			City / State LEWISTON	Telephone 207-376-4911		
	T	empera	ature Observat	ions		
Location	Temperature	-		Notes		
Cooked chicken	38*	Deli cooler	unit (top)			
Tomato	40*	Magic chef				
Caesar dressing	39*	Deli cooler	unit (top)			
Water	130*	Handwash	sink			
Cookie dough	39*	3 door upri	ight cooler			
Quat sanitizer	100 ppm	Sanitizing	solution(discarded)			

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



State of Maine Health Inspection Report

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Date: 4/30/2019

Establishment Name Date 4/30/2019

THE CUPCAKERY

License Expiry Date/EST. ID# Address City / State Zip Code 9/9/2019 / 177 56 SABATTUS ST LEWISTON ME 04240-6827

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

14: 4-501.114.(C).(2): C: Quaternary ammonium compound solution concentration is too low or too high.

INSPECTOR NOTES: Multiple surface sanitizing buckets have too low of a Quat ppm. Change solution in buckets more frequently and test regularly. *COS

53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.

INSPECTOR NOTES: **REPEAT** Kitchen tile flooring is not sealed and is accumilating food debris. Clean, apply grout and reseal floor to be smooth and easily cleanble. Large holes in dining area floor (from old utility lines/services) need to be filled and sealed.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



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State of Maine Health Inspection Report Establishment Name THE CUPCAKERY License Expiry Date/EST. ID# Address City / State Zip Code 9/9/2019 / 177 56 SABATTUS ST LEWISTON ME 04240-6827

Inspection Notes

Certified Food Protection Manager: Amanda Settle exp. 5/2/22 cert. # 15060574

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Date: 4/30/2019

Person in Charge (Signature)

Amanda Statle Amanda Settle

Health Inspector (Signature)
LOUIS LACHANCE

Da Kuhan

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State of Maine Health Inspection Report							
Establishment Name							
THE CUPCAKERY							
License Expiry Date/EST. ID# 9/9/2019 / 177	Address 56 SABATTUS ST	City / State LEWISTON	ME	Zip Code 04240-6827			

Inspection Notes

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



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Date: 4/30/2019